Signature

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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Date

EPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQU	JEST:	\ (a)
Clarinda Correctional Facility	vo ·	7 Juli
Name of Department or Office 2000 N. 16th Street	Clarinda, IA 51632	i) (1
Mailing Address 712-542-5634	City, State, Zip Code	•
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:	
Meredith Baker		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
meredith.baker@iowa.gov Email Address	Area Code & Telephone Number (if different from above)	
OONOR OF GIFT OR BEQUEST:		
Gail Calfee		
Name		
Mailing Address City, State, Zip Code	10/25/18 \$0.00 Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined b	у
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
Dog toys for the CCF Dog Program.		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of t	the state or received by the Governor on behalf of the state.	
tatement of Affirmation:		
Randy Gibbsaffirm that the gift or bequest reported a	above is accurate. I further affirm that the information concerning the donor	anc
ssessment of the fair market value (If applicable) is correct and true to	trie best of my knowledge.	
TX ///	10/25/18	